

FILED VS SEP 26 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-034172

STATE FILE NUMBER

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		c. CITY OR TOWN Alton	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Veterans Administra- INSTITUTION tion Hospital		Length of stay in lb 78 days	
d. STREET ADDRESS 8120		(If outside, give location) 739 Market	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First HAROLD Middle (NMI) Last STANLEY		4. DATE OF DEATH Month AUGUST Day 27 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1897
9. AGE (In years (last birthday)) 63		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIPE FITTER		10b. KIND OF BUSINESS OR INDUSTRY Equipment Co.	
11. BIRTHPLACE (City and state or country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jess Stanley		13b. MOTHER'S MAIDEN NAME Marie Allred	
14. NAME OF HUSBAND OR WIFE - - -			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Irene Currins, sister, Alton, Illinois 1121 Seiler Street		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestion, passive, lungs Cardiac dilatation, overstrain DUE TO (b) DUE TO (c) 002X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) Tuberculosis, pulmonary, chronic, moderately advanced, active (5 years) Pyelonephritis, chronic		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 30 days	
19. WAS AUTOPSY PERFORMED? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) - - - -	
20c. TIME OF INJURY Hour - Month, Day, Year a.m. - p.m. -			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - -	
20f. CITY, TOWN, OR LOCATION - - -		COUNTY - - - STATE - - -	
21. attended the deceased from June 6, 1960 to Aug. 27, 1960 Death occurred at 10:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. J. MANTELL, M.D., Pathologist		22b. ADDRESS VACC, Ex. Springs Div. Wadsworth, Kansas	
22c. DATE SIGNED 8-29-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8-29-60	
23c. NAME OF CEMETERY OR CREMATORY UNKNOWN		23d. LOCATION (City, town, or county) (State) ALTON ILLINOIS	
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 9/10/60	
26. REGISTRAR'S SIGNATURE Caroline Hutchings			

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Lindsey Jarman

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.